



ous domestic violence and debilitating depression. While perhaps not as direct as drug induced anaphylaxis or exsanguinating on the operating table, these are undeniably negative consequences of ... ordering HIV testing. Accordingly, as with any other medical procedure with a possibility of significant adverse effects, I believe patients have a right to be informed that it will be undertaken.

Dunn's contribution to this debate is welcome. It is through the hard work of physicians like him that we have achieved a relatively high rate of screening in BC. We hope that this success remains coupled with respect for the rights of patients, pregnant or otherwise, to personal autonomy.

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Where there's smoke

Since the attempt to outlaw smoking in Toronto restaurants and bars was largely unsuccessful, here's a proposal that will not only discourage smoking but will also add to the public coffers. On a set date, all eating and drinking establishments should be forced to declare themselves either smoking or nonsmoking. Patrons of the smoking establishments would then have a 15% "smokers' tax" added to their bill.

This proposal has a very good chance of being accepted since more than two-thirds of Canadians are nonsmokers and do not really appreciate an expensive meal being ruined by second-hand smoke drifting over from the smoking section. Also, this proposal capitalizes on a very strong societal force: peer pressure. Can you imagine a

group going out to dinner and not only eating in a smoke-filled room but also having to pay a 15% surtax for the privilege?

We've failed to stem the smoking tide through warning labels and anti-smoking ads. Since we have not been able to change how much people smoke, let's try to achieve the same goal by reducing the number of places where they can smoke.

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Experience of life

The editorial introducing "The Left Atrium"¹ reminded me of one of